



## Creating a State Agency Account with IWIF

Thank you for your interest in creating a **State Agency Account** with us. Having an account will allow you to access our online eServices.

Please provide as much information as you can so we can get started:

**Requestor's First & Last Name:** \_\_\_\_\_

**Requestor's Title:** \_\_\_\_\_

**MD State Agency's Name:** \_\_\_\_\_

**Account/Agency Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Select the desired **eServices access level** for this account:

Admin	Basic
<b><u>Level 1:</u></b> <ul style="list-style-type: none"><li>• Report an injury online</li><li>• Query a reported injury or claim</li><li>• Run detailed reports &amp; loss runs</li><li>• Access to Safety Center</li></ul>	<b><u>Level 2:</u></b> <ul style="list-style-type: none"><li>• Report an injury online</li><li>• Access to Safety Center</li></ul>

Please return the completed form to [StateEServices@iwif.com](mailto:StateEServices@iwif.com) to continue the account creation process. We will respond to your account request within 1-2 business days.

Thank you!

